



Michigan Department of Agriculture

Training Program for the Professional Food Service Sanitarian

Module 1: Food Service Sanitation Program
Introduction

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Purpose

The purpose of the “Training Program for the Professional Food Service Sanitarian” is to provide an organized uniform approach for local health departments to use to train sanitarians new to the food service sanitation program. The program strives to develop the individual both technically as well as professionally. On completion of the training program, the sanitarian should understand the cause and prevention of food-borne illness, know the principles of effective communication, have an appreciation for food-borne illness investigation procedures, be able to plan review processes, be familiar with enforcement procedures, be able to conduct himself/herself as a professional, and be able to conduct competent food service establishment inspections. Completion of the training course will result in a “Certificate of Training” issued by MDA.

The training program is voluntary. Local health departments have the complete authority and responsibility for training their staff and making certain that competent sanitarians are conducting the food service sanitation program. The local health department has the final decision as to the point in time by which the trainee is ready to perform.

The training materials for the local health department trainer to use are available from MDA. In order for the trainee to receive a certificate, the trainee must be under the instruction of a recognized local health department trainer. MDA will qualify any trainer who has attended an MDA sponsored train-the-trainer seminar. The trainer is not only an expert in the food service sanitation program, completely familiar with the scope of this program, but is also a mentor for helping the trainee to develop as a professional. The trainer is responsible for making certain that the material is read, the hands-on exercises are completed, the videos are viewed, and the written and field standardization tests are taken and passed. The local health department trainer will make a recommendation to MDA for the issuance of the training certificate. MDA will maintain a record of the certificates issued.

The trainer is the most important component of the program. Some local health departments may not have a qualified trainer. The training videos will be provided to any local health department upon request. However, the various tests will not be administered and a certificate of training will not be issued. Local health departments without a trainer might consider exploring the possibility of collaborating with other local health departments for the purpose of sharing expertise and resources.

The web-based format allows flexibility in making improvements and keeping the training program current. You are always free to add any modules that meet your needs. It is our hope that this training program will have a positive and noticeable effect upon your department and the food service industry in your jurisdiction.

Introduction to Michigan's Food Service Sanitation Program

Congratulations for choosing an exciting career in the food service sanitation program. Upon completion of your training program, you will become an important part of a worldwide team that works together to provide a safe and wholesome food supply. Other members of the team include farmers, processors, distributors, wholesalers, retailers, academia, equipment manufacturers/sales representatives, packaging firms, architects, professional associations, and government. Each member of the team plays a vital role in maintaining the safety of the nation's food supply.

In Michigan, the Food Service Sanitation Program is a collaboration between the Michigan Department of Agriculture Food and Dairy Division (MDA) and forty-three independent local health departments (LHD). LHDs are primarily responsible for conducting annual inspections of over 37,000 food service and 6,500 temporary food service establishments. In addition, LHD sanitarians conduct plan reviews for new and remodeled establishments, investigate foodborne illness outbreaks, investigate complaints, conduct enforcement action, provide training to the food service industry, and are a primary source of community food safety leadership and information.

MDA, in cooperation with LHDs, establishes minimum program requirements (MPRs). MDA provides support to LHDs in the form of training, consultation, and evaluation services to help LHDs meet the MPRs. MDA strives to promote program uniformity throughout the state, prints and distributes licensing materials, develops program policy, and is a technical center that helps local health departments and the food service industry solve problems. MDA's food scientists, sanitarians, veterinarians, engineers, epidemiologists, science advisors, lab scientists, consultants, and support staff form an impressive team. The resources of MDA, the food industry, universities, and the federal government can be mustered into action to help LHDs investigate and eliminate food safety hazards when the need arises.

It is our hope that you will find the training upon which you are to embark both challenging and the beginning of your development as a professional. You will soon learn that everyday of your career will bring forth unique and rewarding experiences that will test your technical skills and communication abilities. Every day will be a learning experience.

MDA Food and Dairy Division Mission Statement

The Food and Dairy Division of MDA protects the public well-being through education, regulatory enforcement, problem-solving, leadership, and expertise related to food safety issues. By utilizing food safety inspections and product sampling while functioning as an information resource for both consumers and stakeholders in the food and dairy industry, MDA is helping to ensure that Michigan continues to maintain a strong, safe, and economically viable food and dairy industry.



Food Safety and the Role of the Sanitarian



What is Food Safety?

Each year in the United States, tens of millions of Americans develop illness from eating contaminated food. For many this results in unnecessary suffering and time lost from work. For others, especially the young, the elderly, and the increasing number of individuals with impaired immune systems, foodborne illness can be life threatening. Each year, over 9,000 Americans die from foodborne illness.

While the most common symptoms of foodborne illness include diarrhea, cramps, vomiting, and sometimes fever, more serious complications may include destruction of the kidneys, reactive arthritis, neurological damage, septicemia, and even death.

The major causes of foodborne illness include improper cooling, improper holding temperature of potentially hazardous food, inadequate cooking, poor personal hygiene, contaminated equipment, and food from unsafe sources.

Foodborne Illness is preventable. The role of the sanitarian is to eliminate foodborne illness hazards. The sanitarian's responsibility is captured well in FDA's Mission Statement, which states that the agency is responsible for assuring that:

"foods are safe, wholesome, and sanitary...; regulated products are honestly, accurately, and informatively represented; and these products are in compliance with the law and ... regulations; noncompliance is identified and corrected; and any unsafe or unlawful products are removed from the marketplace."

Who is the Sanitarian?

The sanitarian is a professional person who applies knowledge of the principles of physical, biological, and social sciences to the improvement, control, and management of the environment. The sanitarian works toward the planning, promotion, and protection of the health of citizens by enforcing statutes, codes, and ordinances relative to environmental health. The sanitarian is the primary field person who collects information that may lead to an enforcement action. Agencies depend upon the sanitarian's expertise to enforce public health programs. The sanitarian is the primary guardian of the public's health. Without the sanitarian on the scene,

practices that violate the law would continue to jeopardize human health and the environment.

Among the tools essential for an effective food safety program are food manager education, plan review, public education, inspection practice, and enforcement when voluntary compliance cannot be obtained. It is important for the food service establishment to be designed for the menu and volume of food being prepared. The person in charge and employees must know basic food safety principles, procedures must be in place to assure food safety and quality at all times, and the manager and employees must be motivated to implement these procedures.

Role of the Sanitarian

The sanitarian must detect food safety hazards, identify the cause (be it lack of knowledge, problems in the work environment, or a motivational issue) and then see to it that the owner of the establishment complies with his/her responsibility to assure the safety of the food provided. To be most effective, the sanitarian must educate and motivate so that the voluntary compliance continues after the sanitarian leaves. If voluntary compliance cannot be obtained, then all legal means necessary must be pursued to eliminate critical food safety hazards. Failure to do so can result in illness or deaths for which the sanitarian would be partially responsible. A good measure of effectiveness is to strive for the point where one would feel safe eating at any food establishment in your jurisdiction.

The integrity and professional expertise of the sanitarian are crucial. Decisions made by the sanitarian not only effect food safety but can also result in considerable expenditure on behalf of the operator. Both the department's and the food service operator's reputation rely on the sanitarian to be trained and competent. Enforcement actions based upon the sanitarian's professional work may represent a major commitment of the agency's resources. The professional sanitarian must be able to respond to changing community and industry needs as well as environmental conditions to be effective.

Sanitarian Duties

The sanitarian may perform one or more of the following official job duties:

Official Representative of the Agency – The sanitarian is often the only person from the department that the food service establishment operator sees.

Conducts Food Service Establishment Inspections – The sanitarian is the fact finder and assesses whether the facility is in compliance with the applicable license regulations. The sanitarian conducts routine inspections, establishes relations with people contacted, and evaluates inspection findings according to agency procedures.

Conducts Complaint and Foodborne Illness Investigations – The sanitarian investigates and makes an analysis of environmental health situations, solves

problems, works to attain voluntary compliance, and takes enforcement action to eliminate the hazard.

Communicates Food Safety Information to Others – The sanitarian tactfully provides technical assistance to food service operators and others, uses written and oral communications to convey information, conducts educational activities for public information, motivates the public, and is regarded by other agencies and the community as a reliable source of food safety information.

Reviews Plans, Documents, License Applications, Plans, and Specifications – The sanitarian utilizes his/her knowledge to interpret regulatory requirements in the issuance of licenses and plan approvals. He/she may examine documents and license applications and make opinions and recommendations regarding their approval.

Collects Samples and Specimens for Laboratory Analysis – The sanitarian explains the purpose of the sample collection to concerned parties, carries out the collection procedure, obtains pertinent information regarding the sample, and maintains the chain of custody through the delivery of the sample to the laboratory.

Performs Routine Field Tests – The sanitarian calibrates the testing equipment, performs the tests, reports and explains the results to others.

Works and Cooperates with Other Agencies – The sanitarian cooperates with county governmental agencies, other local health departments, MDA, FDA, CDC, etc

Works Productively with Other Staff Members – The sanitarian cooperates with other staff members to conduct work activities and participates in departmental functions.

Knowledge and Skills of the Sanitarian

- 1) **General Knowledge** – The sanitarian should have knowledge of epidemiology, food protection, principles of foodborne disease prevention, sampling procedures, sampling and testing techniques, report writing, risk assessment and communication, and management techniques.
- 2) **General Skills** – The sanitarian should have the following skills: Conducting inspections and investigations, gathering and preserving evidence during the investigation, reviewing plans, effective verbal and written communications, interpreting and using graphs/charts/tables, interpreting laboratory data, utilizing epidemiological information in determining control measures, utilizing

epidemiological principles to identify causative factors and mode of transmission of disease.

- 3) Food and Consumer Protection Knowledge – The sanitarian should have the following knowledge: Inspection procedures, HACCP, cause of foodborne illness, testing methods and instruments, epidemiology, food processes, labeling, modes of disease transmission.
- 4) Food and Consumer Protection Skills – The sanitarian should have the following skills: The ability to review case histories and apply the information (food agents, reservoirs, modes of transmission, symptoms) to current outbreaks calculating attack rates, morbidity rates, mortality rates, food specific attack rates, chi square analysis, constructing epidemic curves, familiarization with food protection equipment, and utilizing appropriate epidemiological data.

Food Service Establishment Licensing Requirements

In Michigan, a food service establishment may not operate without an annual license. The licensing process provides revenue for the department and is an important enforcement tool. In order to obtain a license, an application form has to be completed which identifies the owner, his/her mailing address and phone number, and the name, address, and phone number of the establishment. The reason for the application (renewal, new owner, new establishment) and the class of establishment (fixed, mobile, vending, and transitory) is also included. The local health department must conduct an inspection within six months of a license renewal.

Licenses for new establishments are not issued until a plan for the establishment has been submitted and approved. A pre-opening inspection is then conducted to determine if the establishment was properly constructed according to the approved plan. The plan review and pre-opening inspection are essential to make certain that the establishment is adequate to safely produce the menu and meal volume proposed. An inspection of the operating facility is generally conducted within a month of the pre-opening inspection.

The license to operate is valid for one year. Renewal is based upon compliance with the regulations and payment of a fee to operate. The license is not transferable from one person to another and the license may be suspended or revoked for cause. If there is an imminent hazard to health, the license to operate can be immediately suspended and operations must cease. If there are violations that are not imminent, the operator must be given the opportunity for hearing.

The Food Code

Michigan's food service regulations are based upon a model code provided by the US Food and Drug Administration. In order to provide state and local regulatory agencies, the food industry, consumers, and educators the opportunity to recommended changes in the Model Food Code, the Conference for Food Protection

was formed. The Conference is made up of members from all of these groups. Through a structure that resembles a legislative body, recommended changes to the national Model Food Code are deliberated. It is the responsibility of each state to review the Model Food Code and decide to adopt it in its entirety, adopt with modifications, or choose not to adopt any part of the code.

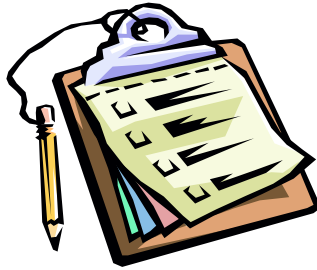
The Conference is composed of three councils. Council I debates issues concerning regulations. Council II deals with issues concerning administration, education, and training. Council III deals with issues concerning science and technology. Issues, which are approved by each council, move on to the voting body of state delegates where each state has one vote. The appropriate council and the state body of delegates must approve an issue before it becomes a recommendation of the Conference. The Food and Drug Administration strongly considers the Conference's recommendations when it publishes the Model Food Code. The Conference meets once every two years though committees meet to continue the Conference's work during the interim.

Knowledge of the Person in Charge

Inspections alone have limited effectiveness in preventing foodborne illness. A sanitarian spends about one contact hour in an establishment out of every 1,000 hours the establishment is in operation. When this is combined with employees turning over every few months, and managers leaving in less than one year, obtaining long term change in behavior is extremely difficult. The major factors contributing to foodborne illness are operational. Evidence points to a lack of knowledge concerning food safety as the major cause of these hazards.

To reduce foodborne illness, a knowledgeable person in charge must be on the premises at all times when the establishment is operating. This individual must make certain that there is a plan for assessing, monitoring, and controlling foodborne illness hazards and that all employees follow this plan. In order to provide the person in charge with essential food safety information, many industry groups, educational institutions, and health departments have training and certification programs for managers of food service establishments.

The Inspection Process



Introduction

The inspection is the primary tool a regulatory agency has for detecting procedures and practices that may be hazardous and for implementing prevention. Some of the diverse tools that a sanitarian can use in his/her daily inspection activities include communication, education, voluntary compliance, negotiation, mediation, surveillance, the use of political support, and agency enforcement. There are many synonyms utilized by various agencies for the word inspection. They include investigation, audit, search, survey, surveillance, review, monitoring, etc. Regardless of the name, the process is essentially the same. A person follows an organized approach for evaluating an establishment for the purpose of detecting hazards, determining compliance, and assuring a safe operation.

Inspection is a professional activity. The professional making an inspection must be qualified. The sanitarian has a duty to conduct the inspection in a professional manner. In the case, *Wilson v. Nepstad*, 282 NW2d. 664 (1979) the court stated that “the sanitarian has a duty to carefully inspect and to notify owners of violations and compel compliance with the law”. There are a multitude of activities that an agency can use to promote health and safety. Knowing which one to use begins with regulatory agency planning and the expertise of the person who is enforcing the code. Implementation of the agency plans in most cases begins with the inspection.

Preparing for the Inspection

Before the sanitarian proceeds to the food service establishment, he/she should prepare for the inspection by completing a pre-inspection review.

A. The sanitarian must understand the purpose of conducting the planned inspection. An inspection may be scheduled as

- 1) A normal routine inspection necessary to meet program requirements
- 2) A request by the food service operator for help with a particular problem.
- 3) A complaint

- 4) A change in ownership of the establishment
 - 5) A pre-opening inspection for a new establishment
 - 6) A survey for determining information regarding the departments over-all food service sanitation program
 - 7) A foodborne illness investigation
 - 8) A follow-up to verify compliance with a previously cited violation
- B. The sanitarian must be familiar with the Food Code and regulations that establish authority to conduct the inspection and those that determine compliance. It is the responsibility of the professional to be knowledgeable, current, and an authority in this aspect of the law.
- C. The sanitarian must be totally familiar with the operation of the inspection computer hardware and software and/or the paper inspection report forms. A growing number of departments in Michigan are using computerized inspection systems. In either case, the professional sanitarian must be at ease and comfortable with the department's reporting system.
- D. A professional sanitarian always has knowledge of the particular establishment he/she is inspecting. The file can be reviewed to determine if the establishment is on municipal water and sewer or if privately owned facilities are provided; if the facility has a HACCP plan; if there have been any variances issued; if there are any outstanding violations that must be noted; if there has been any previous enforcement action whereby compliance agreements have set certain standards of performance; if the establishment has unusual hours of operation; etc. The sanitarian should determine if the establishment to be inspected is a large complex facility that may require scheduling extra time to complete the inspection. In addition to a file review, the sanitarian should interview his/her supervisor and/or the sanitarian who conducted the previous inspection.
- E. The sanitarian must check inspection equipment for proper operation and to understand the use of the equipment. The sanitarian must be properly equipped to perform the inspection. Is the equipment operating properly, in good repair, batteries charged, and calibrated? Do you know how to interpret the readings, field check the equipment, and make simple repairs?
- F. The sanitarian must understand the inspection procedure. Inspection procedures are an organized approach for conducting an inspection that vary from department to department and individual to individual. The key word is organized. The sanitarian must have a game plan for evaluating each establishment. Otherwise, the sanitarian's actions within the establishment appear irresponsible, chaotic, and unprofessional.

- G. The sanitarian must be familiar with the department's enforcement policy. It is important for the sanitarian to understand what type of action the department expects when certain conditions of noncompliance are found to exist.

Recommended Inspection Procedure

A professional inspection is always done in an orderly manner. The following is a list of recommended procedures for conducting the inspection:

- A. The inspection should always be conducted when the establishment is open and operating
- B. Upon entering the establishment, the sanitarian must ask to speak with the person in charge. The sanitarian should introduce himself/herself and offer an identification card or credentials for review. The sanitarian should state the purpose of the visit (routine inspection, follow-up, complaint, etc) and ask permission to conduct the intended activity. Take a few minutes to establish rapport. You might explain that you are new to the program, let them know where the previous sanitarian has been assigned, and that you are looking forward to your new position. BE YOURSELF! Do not try to portray the role of how you think a sanitarian or governmental official with authority should act. Try to relax. The first impression is often a lasting impression that can later on effect how you and the operator work together to solve problems.
- C. The person in charge may respond "yes" you may enter to conduct an inspection, "no" you may not, or you may not get a response. If the answer is "yes", proceed to inspect. If the answer is "no", try to find out the reason. The person in charge may be new, like you, and may not understand the inspection process or may be worried about jeopardizing their position. You might ask the person when would be a good time to return. If it does not appear that the person in charge is acting in defiance to cover up problems, it would be prudent to return at a more convenient time, conduct the inspection, and resolve the right of entry issue. If the person in charge does not give a response, proceed with the inspection unless challenged. If you are denied the right to inspect during normal business hours and you suspect that the situation is not an innocent misunderstanding that can be easily rectified, an inspection warrant will be required. You must stop the inspection and notify your supervisor for further instruction.
- D. The primary focus of the inspection should be on the food, then food handlers, then equipment, and finally the facility. An understanding of the nature of the operation is essential in order to evaluate critical procedures. Some food service establishments are relatively simple (i.e. cook and serve hamburgers). Others are more complex having a number of critical procedures (i.e., Turkey Roast: thaw-cook-cool-debone-cold hold-reheat- hot hold- serve). It is therefore recommended that the inspection begin with a menu review with the operator. The sanitarian can then ask questions to help determine the flow of food within the establishment and help formulate further questions during the inspection. If the establishment is a HACCP facility, the beginning of the inspection would also be a good time to review the records and complete the verification process.

- E. A quick tour of an unfamiliar establishment with the person in charge is helpful in understanding the layout and general operation. The sanitarian has the option of inviting the person in charge to accompany him/her on the inspection. A joint inspection provides a casual opportunity to assess the knowledge of the person in charge as required under Chapter 2 of the Food Code, might help to get the communication juices flowing, and the time can be used for educational purposes.
- F. The sanitarian should proceed with the inspection in an organized and planned manner in a way that the person in charge would believe to be professional. The sanitarian should wash his/her hands, dress in professional attire, and wear a suitable hair restraint. The sanitarian must be mindful to use good hygienic practices. The sanitarian may take into consideration his/her impact upon congestion in certain areas of the establishment during busy periods. For example, it may be more considerate to inspect the grill area before the lunch rush hour and quiet areas such as the dry storage room during the same busy period. As the orderly inspection progresses, it should not be necessary to return to inspected areas.
- G. The sanitarian makes observations, asks questions, measures, and reviews records, in addition to other activities during the course of the inspection for the purpose of identifying hazards and code violations. It will be necessary to develop a note taking system for recording the information. Some sanitarians record the observations directly onto the computer, some use a note pad, while others use a micro-cassette recorder. Regardless of the note taking method, it is important to take good notes and DOCUMENT, DOCUMENT, DOCUMENT. At the end of the inspection, it will be necessary to review the notes and prepare the formal written inspection report.

The Inspection Report

At the conclusion of the physical inspection of the facility, the sanitarian must review the notes and then complete the inspection form. The inspection record must be complete so that it can be used both by the person in charge to improve their operation and by the sanitarian for recollection of memory in case of a future hearing or court action. The report must be legible, neat, clear, and correct. Observations must be stated in a professional manner free from personal remarks or unsubstantiated embellishments. The record is proof that the sanitarian conducted an inspection at a specific time and date.

Inspection report writing is greatly simplified through the use of the inspection computer. The following guidance is offered for those departments using paper inspection reporting systems:

1. The narrative for each violation should include a description of the unacceptable condition, a statement indicating what is required by law along with the appropriate section of the code, a description of what action is needed to achieve compliance, and the health reasons why the violations must be eliminated. The point of the narrative should be to not only point out the

violations that occurred in the past but also to prevent them from reoccurring in the future.

2. The communication should be written in a professional manner using good penmanship, grammar, and complete sentences that are concise and easily understood. Compliance cannot be achieved if the operator does not understand the problem. The report should stand alone and not rely upon previous conversations with the operator for meaning and clarity. The report is a public record that may end up in a hearing to revoke the license, the hands of the press, attorneys involved in law suits, and others curious in the level of sanitation of a particular establishment. The quality of the document reflects upon the qualifications of the individual and the department as a whole.
3. The narrative should be organized in terms of violations of importance. Critical violations should be listed first. Instructions to eliminate an imminent hazard, for example, should not be lost on page 5. The sanitarian should endeavor to determine the core underlying cause of the violations. For example, the lack of knowledge to conduct an operation safely or failure of management to enforce in-house policies/procedures may be the real cause of the symptoms (violations). Unless the true causes are corrected, there will always be violations. The narrative should establish a clear plan of action for attacking the core issues and bringing about a permanent solution.
4. The sanitarian should avoid the pit-fall of confusing methods of compliance with the ultimate goal. For example, it would be proper to advise the operator that the walk-in cooler floor must be either repaired or replaced so as to be durable, smooth, nonabsorbent, and easily cleanable. It would not be proper to require the operator to replace the floor using stainless steel, as there are many other types of floor materials that would also be acceptable. The method should be the choice of the operator. The sanitarian should evaluate that choice to determine its over-all acceptability.
5. Deadlines for compliance should be specified.

Critical violations are often operational in nature and generally require immediate correction. Many departments require correction of critical violations before the sanitarian leaves the establishment. For example, it would be preferable to witness the reheating of hot foods that have temporarily fallen into the danger zone, than to write a report advising "to be corrected immediately". In this manner, the violation counts against the establishment but the hazard is no longer a threat.

Likewise, the message used to convey deadlines given for the correction of critical and noncritical violations that are operational in nature should be considered. A report may indicate that certain food contact surfaces are in need of cleaning and advise that the conditions are to be corrected by either a specified date or the next routine inspection. We obviously want the food contact surfaces to be cleaned and sanitized but another person reading the report may interpret it to mean that the food contact surfaces do not need to be

cleaned until the “correct by” date. Sanitarians should be careful not to write the report so as to confuse the “correct by” date with the date by which the department will return to evaluate compliance. Both critical and noncritical operational issues are ongoing and have no beginning or end. A statement which advises that the cutting board must be washed, rinsed, and sanitized when changing from raw foods to ready-to-eat foods, whenever the cutting board becomes soiled, and at the end of each day is preferable to advising the operator to clean the cutting board by June 5th.

On the other hand, deadlines for compliance are appropriate for construction/repair related violations. It is correct to write “Install a hose bib atmospheric vacuum breaker on the janitor sink by June 5th”. Construction/repair violations are no longer a concern once the task is completed.

Construction/repair violation compliance deadlines should be based upon an agreement with the operator. Establishing an arbitrary date for the replacement of the kitchen floor without allowing the operator to first consult with a contractor, arrange financing, etc may be unrealistic.

The sanitarian is bestowed a latitude in exercising professional judgement. For example, all equipment begins to wear out on the first day of operation. The sanitarian must determine the point in time by which the line between normal wear and a code violation exists. Once it has been decided that the condition is a violation, the sanitarian must take the necessary action to achieve compliance. A sanitarian should not write violations for which he/she is not serious about enforcing.

Not all violations are equally serious and do not all warrant the same attention. This is especially significant in an establishment requiring profound upgrading. Those facilities that impact directly upon public health should be given top priority whereas less important items (i.e. placing a concrete slab under the dumpster) can be allowed a longer period. The sanitarian must identify the priorities and work with the operator to develop an acceptable compliance schedule. The goal should be to eliminate immediate health hazards and to make sustained progress both in the short and long term.

Compliance deadlines should also be considered in terms of the sanitarian's workload. It would not be productive to require some violations to be corrected by the 1st of the month, others on the 4th, the 7th, the 10th, etc. Except for emergency conditions, the follow-up inspection should be scheduled at a point in time whereby all of the upgrading is likely to have been completed. The sanitarian must always make it a cardinal rule to make the follow-up inspection on the date specified. Failure to do so is often interpreted by the operator that the department is not serious.

6. When evaluating the corrective action necessary for each violation, the sanitarian should try to separate the symptom of the problem from the cause. For example, one approach might be to advise the operator that the buffet was found to have chicken held at 110 F, soup at 90F, and cold ham at 55F. The

report might state that the chicken and soup must be held at 140 F and above and that the ham must be held at 41 F and below. This approach addresses only three identified symptoms of a food safety system found to be out of control. Tomorrow the potato salad, cottage cheese, and roast beef may also be out of temperature.

The cause of the problem may be a general lack of knowledge of cook-off temperatures for chicken, pork, ground meats, and other potentially hazardous foods. The operator may not know the reheat temperatures and may not know the appropriate equipment for reheating foods. Cold foods may have been improperly cooled after the cooking stage and may have been in the danger zone continuously. Facilities for hot and cold holding may be inadequate. The operator may be improperly relying upon the buffet to cool warm foods below 41 F. The operator may not have a management plan for identifying who is responsible for making certain that foods from the kitchen meet time/temperature requirements, who is responsible for the buffet, and what corrective action is expected when foods fail to meet standards. Each person may not have a calibrated thermometer and know how to use it. Management may have safe food handling policies but the policies may not be communicated to the line worker and management may be negligent in reinforcing company policy whenever there is a breakdown.

The point to be made is that there is a cause for every underlying problem, be it dented cans, improper chemical storage, unclean food contact surfaces, storage of clean utensils, etc. Advising the operator to remove the chemicals that are stored with food eliminates the symptom but not the cause. Until the cause is addressed, there will always be chemicals stored with food.

7. Some sanitarians avoid listing all of the violations noted during the inspection. The belief is that the operator may become overwhelmed, discouraged, or angry after having been made aware of all of the problems at once. Some believe that a better approach is to spoon-feed the operator a few violations at a time. The professional sanitarian, however, brings every legitimate violation to the operator's attention at once. A schedule of compliance is agreed upon which brings about orderly change and improvements. Change cannot be expected if the operator does not know the requirements for operating a safe food service establishment. Failure to note unsatisfactory conditions may be interpreted by the operator as a form of approval, may in the long run ruin relationships by pointing out violations at a later date that have been long standing (we have always done it this way – why all of a sudden is it now a problem?), and may hamper future enforcement efforts. Should an illness occur, the sanitarian may be found negligent for not acting in a responsible manner.
8. The sanitarian must inspect, identify all violations, and work with the operator to bring about compliance. On occasion, the operator may request a variance. Michigan's regulations grant the health officer the authority to grant variances. The operator is required to submit sufficient information and documentation to the health officer for a review and decision. The sanitarian does not have the

authority to issue a variance but will have a major voice in the decision making process. Program uniformity is assured when one person is in charge of the variance process. After a variance is issued, a notice should be visibly displayed on the file jacket to inform any sanitarian inspecting the establishment that a variance has been granted and the condition is not a violation.

9. An inspection is another term for an evaluation of a facility. Unfortunately, Inspection reports tend to stress the negative and seldom recognize or reward good work or significant improvement. It is perfectly acceptable to make a comment in the narrative such as "All of the chemicals were found to be properly stored, used, and labeled. I am impressed with your efforts to bring this most important food safety issue under control". On the other hand, comments such as "Cleanest place in town", "Atta Boy!", and "Good Job" are probably inappropriate because they are nonspecific and may come back to hurt enforcement efforts should conditions change.
10. Follow-up inspections are key to assuring progress and preventing the recurrence of food safety hazards. Studies have shown that individuals must conduct a procedure repeatedly for at least a month before it becomes a matter of habit. Follow-up inspections force the operator to repeat the new process over a specified period of time. The problem should not be considered to be resolved until the operator has had the opportunity to demonstrate that the desired improvement is sustainable.

The Exit Interview



At the end of the inspection of the establishment, the sanitarian must formally present the inspection report and findings to the operator and bring the visit to closure. The inspection report is the focus of the discussion. The exit interview requires a high level of effective communication. The sanitarian has to listen as well as speak. The sanitarian must convey the message of compliance to the person in charge. The sanitarian must ask if there are any questions, if he/she can help in any way, or if there is any additional information that is needed.

The sanitarian should concentrate upon those items that have a direct relationship to foodborne illness. One approach is to discuss the inspection results while sitting in the office or dining room. However, a more effective method involves escorting the operator to the location(s) in the establishment where the problem is occurring. Do not speed through the list of violations. Spend sufficient time to discuss the critical violations and possible solutions with the operator. Try to determine the root cause of the problem. Remember that the goal of the inspection is to identify hazards and establish a management plan to prevent the hazards from reoccurring in the future. Do not leave the subject area until all of the questions have been answered and you have a clear sense that the operator understands the problem.

The professional sanitarian does not make apologies for his/her inspection (i.e. "I'm sorry that I marked this violation, it seems picky, but it is the law). Instead, the professional is trained to understand the public health implications of the law and identifies only those conditions which represent true public health hazards.

The sanitarian must strive to remain professional and emotionally neutral throughout the interview. The operator may be cooperative or adversarial, but the sanitarian must remain neutral. The best rule is to remember to avoid any appearance or behavior unbecoming to a professional. There may be occasions where the sanitarian may suffer verbal abuse. Verbal abuse is generally directed toward the agency and is not a personal attack. Allow the person to vent his/her anger. When they have calmed down, continue with your closure information.

Upon the conclusion of the interview, both the sanitarian and the operator sign the inspection report form. The operator's signature simply verifies that he/she received a

copy of the report. It does not signify agreement with the findings. It is not necessary for the operator to sign each page of the report. It is acceptable for the operator to sign a statement verifying receipt of 7 out of 7 pages. If the operator refuses to sign the report, simply make a note of it on both copies of the report and notify your supervisor of the incident. Your department may have a special procedure for handling these types of matters.

Summary

The success and effectiveness of the sanitarian involves a true understanding of the term “professional” The following summary was taken from a text “Going by the Book”, by Bardach & Kagen:

The Professional:

- 1) Must have sufficient knowledge and understanding of the law to enable inspections to standup in court.
- 2) Must be technically competent – have an ability to provide explanation for regulatory actions and how the regulations affect production and business.
- 3) Must be able to utilize equipment, make accurate measurements, document violations, and interpret regulations.
- 4) Must have the ability to know something about the business you are inspecting.
- 5) Must have the capacity to empathize with those subject to the law and to understand their concerns, problems, and motivations.
- 6) Must have the ability to evaluate the owner’s excuses and complaints with confidence; are you being “snowed” or do they have a valid argument?
- 7) Must have the knack of gaining compliance without stimulating legal contestation.
- 8) Must have the ability to establish a period of time for correction of code violations and associating them with risk.
- 9) Must have the capacity to be reasonable, to distinguish serious from non-serious violations.
- 10) Must have the ability to postulate why specific violations have occurred – deliberate, willful, negligence, communications, breakdown of equipment, etc.

- 11) Must have the ability to get along with people.
- 12) Must be an excellent communicator, friendly, congenial, persuasive, and thorough.
- 13) Must have the ability to have a sense of justice and fair play.
- 14) Must have the ability to exercise authority.
- 15) Must have the ability to handle conflict.
- 16) Must have the ability to be tough, patient, and persistent.
- 17) Must have the ability to win cooperation.
- 18) Must have the ability to keep disagreements from degenerating into adversarial situations.
- 19) Must have the ability to have presence – look and act like you know what you are doing.
- 20) Must have the ability to “sense” a violation, remember it, and explain it later.

Important Contacts

Michigan Department of Agriculture Food and Dairy Division

Lansing Office

Katherine Fedder, Division Director (517) 373-1060
(517) 373-3333 fax.

Food Service Sanitation Section

Section Manager, Vacant (517) 241-0926

Food Protection Section

Jerry Wojtala, Assistant Division Director (517) 373-9725

Food Safety Planning & Response Unit

John Tilden, Unit Manager (517) 373-9726

Dairy Section

Sue Esser, Section Manager (517) 335-1070

Business Section

Compliance Section

Kathy Fortin, Sections Manager (517) 241-2461

Regional Offices

Region 1 – Upper Peninsula

Chuck Shelley, Food Supervisor (231) 922-5210

Region 2- Northern Lower Peninsula: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Oscoda, Otsego, Presque Isle, Wexford

Chuck Shelley (231) 922-5210

Region 3 – West Central: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Van Buren

Susan Brace, Food Supervisor (616) 356-0600

Region 4 – East Central: Arenac, Bay, Clare, Genesee, Gladwin, Huron, Iosco, Isabella, Lapeer, Midland, Ogemaw, Roscommon, Saginaw, Sanilac, Tuscola

Michael Juhasz, Food Supervisor (989) 758-1778

Region 5- Southwest: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St Joseph

Susan Brace, Food Supervisor (616) 356-0600

Region 6 – South Central: Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Shiawassee, Washtenaw

Robert Taylor, Food Supervisor (517) 324-3237

Region 7 – Detroit: Macomb, Monroe, Oakland, St Clair, Wayne

Karen Butler, Food Supervisor (248) 356-1700

Gwen Durning, Food Field Supervisor

Lou Ognjanovski, Food Field Supervisor

Local Health Departments

Information related to Michigan Local Health Departments can be obtained at:

<http://www.hline.org>

Federal Agencies Responsible for Food Safety

U.S. Department of Agriculture

Food Safety and Inspection Service
(FSIS)

Meat & Poultry Safety

Agricultural Marketing Service

Inspect/grade quality of egg, dairy, fruit, vegetables, meat, and poultry

Federal Grain Inspection Service	Inspect quality of grain, rice, and related products
Animal and Plant Health Inspection Service	Protect animals and plants from diseases and pests
Agricultural Research Service	Perform food safety research

U.S. Department of Health and Human Services

Food and Drug Administration	Safety of all foods except meat, poultry, and eggs. Safety of animal drugs and feeds.
Centers for Disease Control	Investigate foodborne disease problems

U.S. Department Of Treasury

Bureau of Alcohol, Tobacco, and Firearms	Regulate production, distribution, and labeling of alcoholic beverages
United States Custom Services	Examine/collect food import samples for other federal agencies

Environmental Protection Agency

Regulate pesticides. Establish pesticide tolerance levels

U.S. Department of Commerce

National Marine Fisheries Service	Conduct voluntary seafood inspection program
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Federal Trade Commission

Regulate advertising of food products

Federal Government Contacts

CDC

Centers for Disease Control
Clifton Rd, NE
Atlanta, Ga. 30333
(404) 639-3311

EPA

EPA Headquarters
401 M St., SW
Washington, D.C. 20460

Region 5 EPA

77 W. Jackson Blvd.
Chicago, IL 60604-3507
(312) 353-2000
FAX (312) 353-4135

FDA Central Region

300 S. Riverside Plaza
Suite 550 South
Chicago, IL. 60606
(312) 353-5863 (ext. 188)
FAX (312) 886-3280

FDA

1560 East Jefferson Ave.
Detroit, Mi. 48207
(313) 226-6260 (ext. 149)
FAX (313) 226-3076

State Training Branch, FDA

Division of Human Resource Development
State Training Branch
5600 Fishers Lane
Rockville, MD. 20857

Directory of State Officials

To receive a copy of the directory, write to:

FDA

Office of Regional Operations
Division of Federal-State Relations
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-3360
FAX (301) 443-2143

The directory is also available at the following address:

http://www.fda.gov/ora/fed_state/directorytable.htm

USDA

USDA

Food Safety & Inspection Service
Public Outreach & Communication
Washington, D.C. 20250
(202) 720-9352

Wisconsin Office

(608) 240-4080

Grand Rapids Office

(616) 488-0915

Detroit Office

(248) 968-0230

National Associations and Organizations

American Culinary Federation

10 San Bartola Drive
P.O. Box 3466
St. Augustine, Fla. 32086
(800) 346-2232

American Institute of Baking

1213 Bakers Way
Manhattan, Kansas 66502
(913) 537-1493

American Meat Institute

1700 N. Moore St.
Suite 1600
Arlington, Va. 22209
(703) 841-2400

American Public Health Association

1015 Eighteenth St. N.W.
Washington, D.C. 20036
(202) 467-5000

Association of Food & Drug Officials

P.O. Box 3425
York, PA 17402
(717) 757-2888

Baking Industry Sanitation Standards Committee

401 N. Michigan Ave.
Chicago, IL. 60611
(312) 644-6610

Center for Food Safety & Applied Nutrition

200 C Street SW
Washington, D.C. 20204
(202) 205-8140

Center for Science in the Public Interest

1875 Connecticut Ave, NW
Suite 300
Washington, DC 20009-5728
(202) 332-265-4954

Conference for Food Protection

110 Tecumseh Trail
Frankfort, KY. 40601
(502) 695-0253

Centers for Disease Control & Prevention

1600 Clifton Rd., NE
Atlanta, GA 30333
(404) 636-3311
<http://www.cdc.gov/>

Conference for Food Protection

110 Tecumseh Trail
Frankfort, KY 40601
(502) 695-0253

Culinary Institute of America

433 Albany Post Rd
Hyde Park, NY 12538-1499
(914) 451-1649

ETL Testing Laboratories

3933 U.S. Route 11
P.O. Box 2040
Cortland, NY 13045
(607) 753-6711
http://www.etlsemko.com/div_home_f.htm

Food Marketing Institute

800 Connecticut Ave., NW
Washington, D.C. 20006-2701
(202) 452-8444
<http://www.fmi.org>

Food Safety Institute

P.O. Box 5970
Parsippany, NJ. 07054-9128
(888) FSI-7770

International Association for Food Protection

6200 Aurora Ave
Des Moines, IA 50322
(800) 369-6337
<http://www.foodprotection.org>

Library of Congress

1st & Independence Sts, SE
Washington, D.C. 20540
(202) 707-5000
<http://www.loc.gov/>

National Assessment Institute

5500 Rio Vista Dr.
Clearwater, FL. 34620-3144
(813) 535-3775

National Automatic Merchandising Assoc

20 N. Wacker Dr
Suite 3500
Chicago, IL 60606
(312) 704-4140

National Environmental Health Association

720 South Colorado Blvd.
South Tower, 970
Denver, Co. 80222
(303) 756-9090
<http://www.neha.org/>

National Food Processors Association

1401 New York Ave.
Washington, D.C. 20005
(202) 639-5991

National Restaurant Association

1200 17th Street, NW
Washington, D.C. 20036
(202) 331-5986
<http://www.restaurant.org/>

NSF International

3475 Plymouth Rd
Ann Arbor, Mi. 48105
(800) NSF-MARK
<http://www.nsf.org/>

Underwriters Laboratories

333 Pfingsten Rd
Northbrook, IL 60062
(847) 272-8800
<http://www.ul.com/>

U.S. Department of Agriculture

Food Safety & Inspection Service
Public Outreach & Communication
Washington, DC 20250
(202) 720-9063
<http://www.usda.gov/agency/fsis/homepage.htm>

Other Websites of Interest

American Hotel & Motel Association (Educational Institute)

<http://www.ei-ahma.org>

Cancernet

<http://cancernet.nci.nih.gov>

CDC – Emerging Infectious Diseases

<http://www.cdc.gov/ncidod/EID/vol5no5/mead.htm>

Food and Drug Administration

<http://www.cfsan.fda.gov/list.html>

Foodservice.com

<http://www.foodservice.com/>

Foodservice & Packaging Institute

<http://www.fpi.org/>

Food Safety Training Education Alliance

<http://www.foodsafety.gov>

Healthfinder

<http://www.healthfinder.gov>

Medline

<http://www.nlm.nih.gov>

Michigan Legislature

<http://www.michiganlegislature.org>

NIH Health Information Page

<http://www.nih.gov/health/>

Public Health Training Network

<http://www.cdc.gov/phtn/>

Treatment Findings

<http://www.ahcpr.gov>

USDA

Homepage

<http://www.usda.gov/>

Animal & Plant Health

<http://www.aphis.usda.gov>

Center for Nutrition & Policy Promotion

<http://www.fns.usda.gov/fncs/>

Extension Food Safety Data Base

<http://www.msue.msu.edu/msue/imp/modfs/masterfs.html>

Food Safety & Inspection Service

<http://www.usda.gov/fsis>

International Food Information Council

<http://www.ificinfo.health.org/>

National Agricultural Library

<http://www.nalusda.gov/>

National Food Safety Database

<http://www.foodsafety.org>

Foodborne Illness Education Center

<http://www.nal.usda.gov/fnic/foodborne/foodborn.htm>